

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED SEP 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7631

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7631	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2167	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 16 3448 Connecticut St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Claudia		b. (Middle) E.		c. (Last) Hoerber		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH July 10, 1907		9. AGE (in years last birthday) 45	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own business		10b. KIND OF BUSINESS OR INDUSTRY Accountant		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Claude W. Hoerber			13b. MOTHER'S MAIDEN NAME Theresa E. Kampelmann			14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-26-5805		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude W. Hoerber Jr., 263 Turf Ct. W. G.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism. ANTECEDENT CAUSES Arterial thrombosis Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterial thrombosis DUE TO (c) Menorrhagia of uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Few hours probably few weeks	
19a. DATE OF OPERATION 8/3/52		19b. MAJOR FINDINGS OF OPERATION: Gangrene of both legs				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 466XH					
22. I hereby certify that I attended the deceased from July 24, 1952, to Aug. 9, 1952, that I last saw the deceased alive on Aug. 9, 1952, and that death occurred at 6:20 PM., from the causes and on the date stated above.							
23a. SIGNATURE Paul J. Powenstein, M.D. (Degree or title)				23b. ADDRESS 457 N. Kingshighway		23c. DATE SIGNED 8/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. AUG 11 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.			

L.P. (Licensed Embalmer's Statement on Reverse Side)

no apparent reason for thrombosis. Dr. was baffled. WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Paul Lowenstein
457 No. Kingshighway
RO 3116

1-4 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.